**Pre-Calculus Student-Parent Policy Agreement/Signature Page**

By signing below, I, the student, acknowledge the following:

* I have read Mr. Davis’s syllabus
* I understood the expectations and policies for Mr. Davis’s math class for the 2015-2016 school year
* I agree to abide by and follow the policies, requirements and procedures stated in the syllabus
* If I need help with any material, I will attend math tutorial 3:15-3:45
* I will be responsible, respectful, and positive this year
* I will use class time for math, not socializing
* I will stay organized, focused, and keep an open mind
* I will do all assignments to the best of my ability
* I will participate in class
* I will try to learn the math presented
* I understand that this sheet is worth 20-point quiz grade, and I will receive a zero if not completely filled out and turned in by Wednesday, August 26.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I, the parent or guardian, acknowledge the following:

* I have read Mr. Davis’s syllabus
* I understood the expectations and policies for Mr. Davis’s math class for the 2015-2016 school year
* I will help my student to abide by and follow the policies, requirements and procedures stated in the syllabus

Parent Name Printed Neatly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Phone Number to Reach Me: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Email Address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_